**2024 FALL CONFERENCE INFORMATION**

September 1, 2024

***Dear LAMSFA Members, Past Presidents, and Committee Chairman:***

President Steffen has announced the dates for the Annual Fall Conference for the Ladies Auxiliary of the Maryland State Firemen’s Association:

**Date: Saturday, October 26, 2024**

**Place: Potomac Heights Volunteer Fire Department & Rescue Squad**

**73 Glymont Rd**

**Indian Head, MD 20640**

**Registration: 9:00 am – 9:45 am**

**Meeting: PROMPTLY at 10:00 am**

**Lunch: 12:00 noon**

**Cost: $ 21 per person**

**MENU:**

**Morning Breakfast:** Coffee, Juice, Cold and Hot Tea and Donuts will be provided prior to the start of the conference.

**Lunch:** Fried Chicken, Pulled Pork, Green Beans, Potato Salad, Macaroni and Cheese, and Rolls.

**Dessert:** Provided/ Donated by the Potomac Heights Auxiliary Members

**Drink options:** Coffee, Iced Tea, and Water.

**DEADLINE FOR CONFERENCE RESERVATIONS:**

Please have all conference reservations in by October 2, 2024 and remember to make all checks payable to: LAMSFA.

**RESERVATIONS SUBMISSION:**

Please mail your reservation forms and checks to:

Traci LaMar

269 Constant Ave

Severn MD 21144

***NOTE: All correspondence mailed must include your conference registration form along with your check.***

Please note if you are not attending conference it is requested in the bylaws that you still submit your information for the needs of the auxiliary. We are striving to make our process inclusive to send out pertinent information that needs to be shared and for the process of the procedure book the correct information is obtained in a much timelier basis.

***OPEN HOUSE:***

*There will be an open house Friday evening, 10/25/2024 at Green Turtle in La Plata. The address is 6 St Marys Ave Ste 104 La Plata, MD 20646*

***HOTEL INFORMATION:***

**Holiday Inn Express LaPlata**

6860 Crain Highway, LaPlata, MD 20646

**Please call for Reservations:** 301-392-0065

**Group Rate Code: LLPMD**

*Deadline to Reserve At The Rate Issued By The Hotel Is September 15, 2024. Rooms will not be held after that dates and may be subject to a higher rate.*

**Room Rates**

* Standard Double Queen $149.00 plus tax-Per the Hotel “Tax Exempt Guests must present proper completed forms valid for PA” They will honor the rate for the next day in the event you want to extend your stay.

**ARRIVAL/DEPARTURE:** Check-in time commences at 3:00 p.m. and check-out time is 11:00 a.m. the following day.

Sincerely,

Traci LaMar Kristi Grinder

Conference Co-Chair Conference Co-Chair

301-704-5174 301-440-0709

**LAMSFA FALL CONFERENCE REGISTRATION FORM**

**PLEASE RETURN THIS FORM WITH YOUR CHECK MADE PAYABLE TO LAMSFA**

 ***Traci LaMar 269 Constant Ave Severn MD. 21144***

**Name of Auxiliary:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Number of Reservations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Money Enclosed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **($21 Per Person} made payable to LAMSFA**

**State Officer (S): (If attending conference)**

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**Past President (S): (If attending conference)**

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**Auxiliary President:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Auxiliary President Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Auxiliary Secretary:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Auxiliary Secretary Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Auxiliary Point of Contact to mail all correspondence to:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate number of people from your auxiliary who plan to attend Open House:**

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